

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031892

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 345

Primary Registration District No. 3047

Registrar's No. 100

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Newton**

b. CITY (If outside corporate limits, give TOWNSHIP only)

Neosho

Length of stay in lb

7 days 50 weeks

c. CITY

OR TOWN

Rural Neosho

Inside Limits

Yes ☐ No ☒ **XX**

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **Sale Memorial Hosp,**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

R.F.D. # 5

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Earl

Middle

Camfield

Last

4. DATE OF DEATH

Month

Day

Year

August 11, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/22/'86

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Dairy Farm

11. BIRTHPLACE (City and state or country)

Sullivan Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Grant Camfield

13b. MOTHER'S MAIDEN NAME

Jennie Anderson

14. NAME OF HUSBAND OR WIFE

Pansy Camfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Pansy Camfield, Neosho Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, Broncho

INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary emphysema with

DUE TO (c)

cardiac failure

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1950 9:35 PM

Aug 11, 1962

Aug 11, 1962

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold C. Lentz, M.D.

22b. ADDRESS

Neosho Mo

22c. DATE SIGNED

8-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Gibson

23d. LOCATION (City, town, or county)

Neosho Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thompson Funeral Home, Neosho Mo.

25. DATE RECD. BY LOCAL REG.

8-13-62

26. REGISTRAR'S SIGNATURE

Raydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10735

20730

3

4 0

5 1

6

7 1

8 2

9527.1

10

11

122-0

136-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Corey Thompson Sr.
Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.